

Pre-Application for DHCD’s Section 8 Housing Choice Voucher Program

Complete all information. Incomplete or duplicate applications will not be accepted. Do not reapply if your name is currently on the waiting list through any of the agencies listed on the back of this form. Single applicants must be at least 62 years of age or disabled to be eligible to receive Section 8 assistance.

IMPORTANT!

1/3 of all applications are dropped from the waiting list due to unreported address changes. Do not let this happen to you. Report any change of address in writing to one of the regional agencies on the reverse of this form.

1. Head of Household Information

Social Security Number		Phone (include area code)		
First Name	Middle Name	Last Name		
Address		City	State	Zip code
Shelter Name	Shelter Address	City	State	Zip code

2. Household and Demographic Information

How many people will live in the unit? Include yourself. \_\_\_\_\_

Gross annual household income \$ \_\_\_\_\_

Based on 2 persons of the same sex sharing a bedroom, how many bedrooms will you need? \_\_\_\_\_

Check if the head of household or spouse is:

62 years old or older ☐

Disabled ☐

Displaced by government action ☐

Racial & ethnic data is collected for statistical purposes only. Your answers or failure to answer will not affect your application.

Is the head of household (Select as many as appropriate)

White ☐

Black/African American ☐

American Indian/Alaskan Native ☐

Asian ☐

Native Hawaiian/Other Pacific Islander ☐

Is the head of household (Check only one)

Hispanic ☐

Non-Hispanic ☐

What is your current housing situation? (Check one box that best applies)

☐ I am homeless

☐ I live in substandard housing

☐ I have been involuntarily displaced

☐ I pay more than 50% of my monthly income for rent and utilities

☐ I live in a shelter

☐ I am doubled up with friends or relatives

☐ I live in public housing

☐ I live in a transitional housing program

☐ I live in subsidized housing

☐ Other (describe)

3. Agreement and Signature

By signing below, applicant agrees to the following: I understand that: 1) this is a pre-application for rental assistance through DHCD and its regional administering agencies and is not an offer of housing; 2) it is my responsibility to notify any one of DHCD’s regional administering agencies of any change of address in writing; 3) my participation in the Section 8 housing program is subject to my being eligible and in compliance with HUD and DHCD regulations; and 4) my participation is subject to a criminal history check using CORI, and I must be in compliance with DHCD’s drug and violent crime policy. I agree that DHCD can share this information with other state agencies for the purposes of determining program eligibility. I certify under the pains and penalties of perjury that all information given on this pre-application is accurate and complete.

Applicant Signature

Date

Return your completed application to DHCD’s regional administering agency that serves your community. A list of these agencies may be found on the back of this form. E-Mail or FAXED applications will not be accepted. DHCD and its regional administering agencies are not responsible for applications lost through the mail. The only way to acceptably prove that you mailed an application is to keep a copy of the entry and get a Certificate of Mailing from the United States Postal Service.

